

VOLUME 4

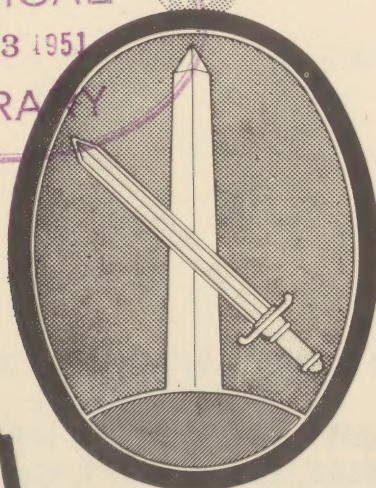
REPORT NO. 3

RESTRICTED

MONTHLY HEALTH REPORT

Military District of Washington

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MAJOR GENERAL THOMAS W. HERREN
COMMANDING
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Washington 25, D. C.




INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as a basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Army Medical Service personnel in the field.



Robert E. Bitner

ROBERT E. BITNER
Colonel, MC
Surgeon

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MAJOR GENERAL THOMAS W. BERREN
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VETERINARY SERVICE

ESTABLISHMENT INSPECTION

by

Charles W. Tate, Major, V. C.

Veterinarian, Military District of Washington

GENERAL. The intricacy of the food processing operations, the multiplicity of the human contacts involved and the large scale of the operations with their attendant communal health hazards have led society to recognize fully a need to protect itself by instituting safeguards through organized supervision of food production and handling. The public themselves have not the time nor the specialized training to supervise. They have, however, demanded and obtained such things as Federal Meat Inspection and other forms of inspection in order to insure a safe, wholesome and clean food supply. As Army and Air Force Veterinarians associated with food inspection activity, we play a vital role in this field of sanitation and we should use every opportunity to improve our service along these lines. This field of Veterinary Public Health is a large one, but here let us deal more particularly with something basic like Establishment Inspections. Almost every Veterinary Officer at one time or another is called upon to perform this task which is an official one and is well covered in our regulations.

Take personal inventory. How well do you do this job? Do you actually work toward improvement of Establishments already on the List of Approved Sources? Do you give sound and correct advice on equipment improvement and sanitary practices?

WHAT WE HAVE ACCOMPLISHED. Here on the Washington Market we have made an honest effort to improve the sanitary facilities and practices of all of those Establishments listed as approved sources. Over a period of one year we have accomplished a great deal but not nearly as much as we had anticipated. The following memorandum to the Surgeon, Military District of Washington, was the general tone of conditions found in about ten of the poorest Establishments. When we had to resort to advising the Surgeon, a copy of the communication was hand carried to the Vendor. In this particular case the Vendor got busy and as a result a clean-up room was added and cleaning facilities were provided. Now he is glad that he made the change. It also made a good impression on some of the other Vendors. We are of the opinion that this is a good method of handling this type of situation:

HEADQUARTERS
MILITARY DISTRICT OF WASHINGTON
OFFICE OF THE VETERINARIAN
WASHINGTON 25, D. C.

Date:

MEMORANDUM FOR THE RECORD:

TO: Commanding General
Military District of Washington
Washington 25, D. C.
Attn: Surgeon, Military District of Washington

1. A monthly sanitary inspection was conducted at the firm of _____ this date by the Veterinarian and Assistant Veterinarian, Military District of Washington. The manager of the firm was contacted at the time of the visit. The following insanitary discrepancies were found and corrective recommendations follow each item:

a. Dirty meat hooks (trolley type) found in use. Recommend that only those hooks which have been thoroughly cleaned be used. There has been developed a ring made of stainless steel mounted on a trolley. This item, which measures approximately twenty-four inches in diameter, is attached on the trolley rail in the same manner as a hook trolley. Cleaned hooks are hooked onto the ring for sanitary care after being properly cleaned. In other words, a clean meat hook is identified as such when found on the ring. It is also a good safety measure. Personnel are instructed that clean hooks are found only on the ring and if found elsewhere, other than in use, are to be considered as being dirty. This is merely a suggestion but some system of identifying clean and dirty hooks for employees to follow is essential in the practice of acceptable meat hygiene.

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b. Boxed items found in contact with hanging carcass meats. Also some carcasses were found to be dripping on dunnage. Recommend that boxed items and dunnage be so arranged as to prevent their becoming contaminated with blood drip, etc.

c. Small freezer found in dirty condition, walls need cleaning, asphalt covering on cork insulation dropping from ceiling. Boxed items which have been opened have been left open and in some cases other items stacked upon or against them. Recommend that this room be thoroughly cleaned and that asphalt covering be replaced or cleaned to the extent that pieces will not flake and fall on products.

d. Supporting metal frame for wooden shelves of display speciality items rusty to point of scaling. Recommend scaling and repainting.

e. One metal table top covering metal frames used as a work table near electric saws worn to the extent that cleaning is impractical. Recommend replacement of metal top.

f. Cutting or chopping block in use near boning table needs resurfacing.

g. Small hooks used to hold cuts after boning near boning table need thorough cleaning.

h. Windows, sills and sidewalls need cleaning. Weigh-in scale also needs cleaning.

i. Dirty knives found being used by employees. Recommend that some system be placed in operation whereby these knives receive cleaning and sanitizing. Recommend that metal type knife holders be used which can be taken to sink for regular clean-up along with knives and other utensils.

j. Recommend that roller type butcher paper be kept in a suitable type holder that will keep this paper well up off of the floor in a sanitary manner. It was observed that some of this paper was found placed on small wooden boxes to keep it off the floor. While this is intended to serve the purpose it is felt that a permanent type of paper holder that would prevent falling to the floor would be better.

2. The most outstanding fault of this Establishment is the absence of proper facilities to effect a satisfactory clean-up during processing and at the end of the working day. This Establishment has grown from a facility originally planned and equipped to handle carcass meats on the rail to an Establishment wherein processing along the lines of boning, sawing and grinding of large quantities of hamburger occur each day. This volume of processing is great when compared to the small square footage available and the lack of proper facility necessary for maintaining operational sanitation. Large metal gondolas or meat trucks, meat pans, saws, moving parts of meat grinders, hardwood boards used for cutting, meat hooks and metal shovels make up the equipment that should receive special routine daily cleaning. The facility existing in this Establishment is a small kitchen type sink suitable only for small utensils such as knives and small moveable parts of operating equipment.

Recommend that a clean-up room facility be provided. This room should be at least 10 x 10 feet. Paving should be of a pitch of not less than one-fourth inch in twelve inches to a center drain which connects to the sanitary sewer, grease trap, etc. The room should be equipped with hot and cold water. Hot water (180°) carried in a steam hose is the most practical method of application. Adequate brushes for rough scrub and proper detergents should be provided. If this system is adapted it is felt that the operating sanitation practice of this Establishment will be greatly improved.

The correction of the above deficiency has been discussed at great length with the management and it is their desire to make a change in this direction. This discussion has been going on for a period of about three months with nothing concrete resulting in the way of physical changes.

3. A re-inspection of this Establishment will be conducted within a month and if corrective measures have not been made in regard to items "a" through "j" the only alternative under the provisions of Special Regulation 40-950-1 and Army Regulation 50-950 will be to recommend the removal of the Establishment from the List of Approved Sources, Military District of Washington. On item listed in paragraph 2, clean-up facilities to be provided, it is felt that a three month period be allowed to correct this irregularity.

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WHAT WE MUST REQUIRE. There are no short cuts or quick ways to bring about clean and sanitary conditions. The employment of well trained individuals or cleaning crews provided with appropriate cleaning aids such as plenty of hot water, detergents, brushes, brooms, mops or other devices are necessary. There must also be a will to want good sanitation.

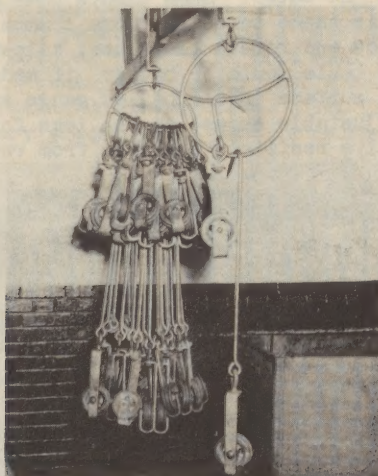
Since sanitation is something that must be dealt with by any type of food Establishment efforts should be directed toward improving sanitary designs of equipment and standard methods of clean-up procedure. Much has been written which deals with regulatory control of food, laboratory standard methods, food poisoning, meat hygiene, its dietary and nutritive value, but there seems to be no text available which deals strictly with good sanitary practice as applied to equipment design which should be acceptable on a nation-wide scale for wholesale meat dealers.

Milk plants and dairy farms throughout the nation operate reasonably uniform having the United States Public Milk Ordinance and Code as a guide to either follow or closely parallel. Meat plants from the abattoir to the wholesale meat dealer do not operate under uniform requirements. Plants operating under Federal Inspection where animals are slaughtered do handle offal and liquid waste according to specific Bureau of Animal Industry requirements.

It is not the intent to discuss the intricacies of the killing plant here since textbooks and up-to-date material on construction and design of this type of plant is available through the Bureau of Animal Industry to interested parties.

I think that it is safe to say that Federal Establishments do approach standard sanitary building features, however, even these plants sometimes are found lacking in suitable equipment of sanitary construction and design. Our trend should be directed against wooden equipment which will crack, absorb moisture and odors, make cleaning more difficult and will need frequent replacement in favor of metal non-corrosive equipment of rugged construction that is easily cleaned and maintained. With good equipment planning and adequate clean-up facilities provided labor in clean-up and maintenance will be saved. Our efforts should also be directed toward our central meat cutting plants which can stand some uniformity and standard operating procedures for clean-up.

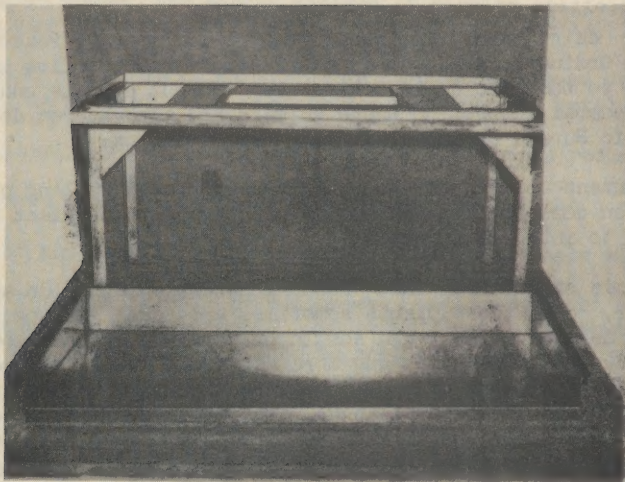
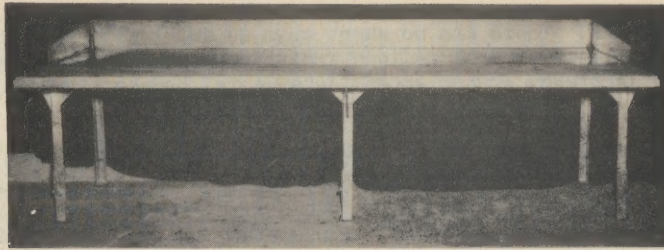
EQUIPMENT. The following items of equipment can be improved but they have some good features. They are offered here as ideas toward better sanitary operation and for what they may be worth to interested personnel:



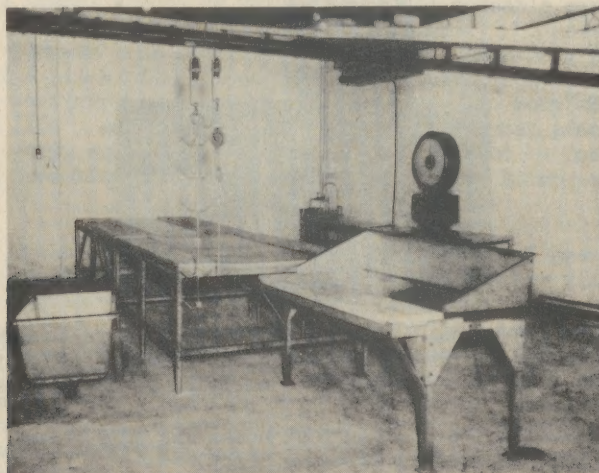
Stainless Steel Meat Hook Ring. (Figure #1) This item, although not an essential one, is considered to be an excellent idea. The purpose of this stainless steel ring, which is used by many packers, is a method by which a clean meat hook is identified as such by being hung on the ring.

Personnel are instructed that clean meat hooks are only found on the ring and if found elsewhere other than in use are identified as being dirty.

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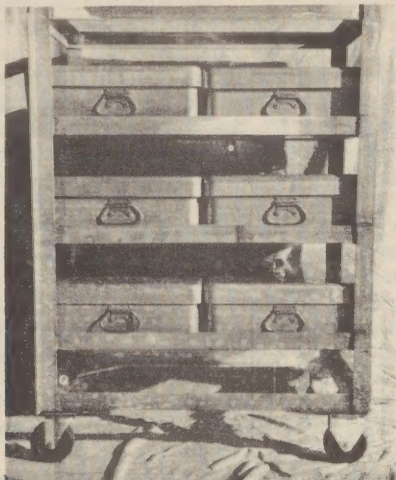


Meat Cutting Table, Five and Ten Feet Length (Figures #2 and #3), A table of the above design is well adapted for boning and trimming operations. The hardwood board is removable and should be removed after daily operation for "rough" scrub in a general alkaline cleaner solution, then rinsed and sterilized with 180° F. water. Some plants have a portable steam cabinet and others drop parts into a vat and boil. This seems to be the more common practice and is highly acceptable. Some Establishments have extra boards and rotate their use, allowing time for complete drying before reuse. The framework of the above table would be better if made from pipe rather than from angle iron. The metal table top working surface should be 14# gauge stainless steel 42 inches wide. The height should be 34 inches with adjustable shoes on the legs for leveling on uneven floors. All metal surfaces are polished, corrosive resistant and free from rough spots, crevices and seams.



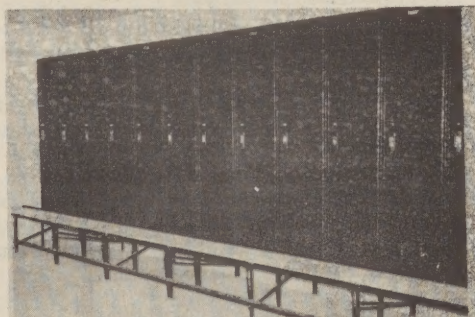
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(Figure #4) Equipment for a boning room does not necessarily have to be expensive. The two metal flat top tables with removable hardwood boards were made in the plant workshop by the engineer on duty. They are rugged and are easily cleaned.



Truck, stainless steel, 36 X 22 X 45 inches, three racks, 13 inches between racks with six inch rubber casters or larger, for pans, roasting and baking M-37, Stock No. 64-P-275 (Figure #5). This is the pan that is ordinarily a part of a field cooking range. Because they are used generally around central meat cutting plants in the service this truck was constructed for their use. Other sizes and types could easily be adapted.

Inasmuch as meat pans are generally used in civilian Establishments or central meat cutting plants for holding and transporting processed products, the idea here is to use this rack or truck on the processing floor. The purpose being to save labor, when through and filled push the finished product into a holding cooler. From here it can be pushed to the loading dock. When racks are not used there is a tendency to overfill the pans and to stack one pan on top of another. The usual practice is to place the pans on the floor and tables, etc. the bottom becomes dirty and will very likely contaminate the contents of the pans. By using a rack of this type and the use of covers only at the time of delivery it is believed that this item will prove its value from the standpoint of sanitation and as a labor saver. When clean empty pans are returned they should be immediately placed in empty racks on the dock area at unloading time. The practice of building fixed wooden racks in coolers defeats good sanitary practice and adds to maintenance and labor costs.



Dressing Room Arrangement (Figure #6). Dressing room plans should provide ample room. Toilets should be in good working order and kept clean. Disposable towels and liquid soap should be ready for use. Metal lockers should be provided. The Bureau of Animal Industry has an excellent locker and seating arrangement idea. The lockers should be raised off the floor to a height of eighteen inches or chair height. This can be done by making a metal angle iron frame wide enough to mount lockers and a nine inch width board for seating. This does away with extra chairs and benches around a locker room.

ADMINISTRATIVE SERVICE

MEDICAL COMPANY COMMANDERS OF FIXED HOSPITAL

HOSPITAL SERVICES:

For convenience of administration and in the interest of professional efficiency, the commanding officer of each Army hospital organizes the professional and other activities of his hospital into services and prescribes the number and the line of control over them and their relationship to each other. The following represent the services customarily established in fixed hospitals, though considerable variation therefrom is allowed at the discretion of the commanding officer of the hospital concerned: administrative; dental; laboratory; medical; neuropsychiatric; nursing; physical medicine; roentgenological; surgical; and outpatient.

The administrative service of a fixed hospital includes such personnel and activities as the commanding officer of the hospital may prescribe. The personnel and activities that follow properly belong in the administrative service:

(1) Personnel: Commanding officer, executive officer, adjutant, personnel officer, company commander, registrar, mess officer, supply officer, and chief nurse.

(2) Activities: Admission and discharge of patients, hospital inspection, hospital mess, fire control, summary court, recruiting, post exchange, medical company, etc.

The commanding officer of a hospital is also responsible for its discipline and administration, including the care and preparation of reports, registers, and administrative records as well as for the care and safeguarding of all public property which may come into his possession; for the proper expenditure of supplies and funds; and for the preparation of requisitions, returns and pay rolls of the hospital. While the commanding officer is not charged with the execution of duties properly delegated by him to an assistant, yet he is responsible for exercising such supervision over duties thus delegated as to insure their prompt and efficient performance by the delegated subordinate.

MEDICAL COMPANY COMMANDING OFFICER:

The commanding officer of the hospital (or one of his commissioned assistants) commands the duty enlisted personnel as a company commander. Some of his duties in that capacity are as follows:

- a. Commands companies or commands and coordinates companies if there are more than one.
- b. Coordinates administrative and supply functions of duty enlisted personnel.
- c. Assigns all enlisted personnel to duty.
- d. Conducts military training and recreation programs for all duty enlisted personnel.
- e. Makes inspections of enlisted personnel, their messes and quarters.

ADMINISTRATION OF MEDICAL COMPANY:

The records which are in the custody of the company commander are the Morning Report, the Daily Sick Report, the Duty Roster, the Individual Clothing and Equipment Records, Memorandum Receipts and other property records, the Company Fund and Council Book, and Company Orders. These are a part of the daily records which constitute the routine medical company administration.

These administrative records pertain particularly to the routine administrative requirements of a medical company of a Class I or Class II type hospital. The same methods will be applicable to the medical company of an infantry or artillery regiment, or to medical companies of other field forces.

The handling and maintenance of the Service Record (the military history of the individual), qualification cards, payrolls and other vouchers, and Reports of Change are the responsibility of the personnel officer.

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UNIT TRAINING:

In hospital companies, the tables of organization vary, because of bed capacity and type of hospital are different; but all personnel must be trained for their mission regardless of the size of the organization or what may be its mission. The training must be a continuous program, in its many phases -- technical, administrative or professional.

Responsibility for the control of training and discipline are functions of command. A well trained organization is usually a well disciplined organization. The commanding officer is responsible for all training in his unit, but the actual details of training are delegated to subordinates down include the squad leader. Divided responsibility is never condoned in a military organization. The administration, supply and equipment, the granting of passes and furloughs, discipline, etc., are all the immediate and personal responsibilities of the company commander. The appointment and promotion of noncommissioned officers are his responsibilities and should be done by him or upon his recommendation; and it is his responsibility to hold periodic noncommissioned officer calls, and to continue a screening of selected privates for the training of future noncommissioned officers for technical, administrative or other positions. It is his duty to accept the responsibility for any errors committed by his unit. This type of demonstrated responsibility develops mutual trust which is essential for group unity. It stimulates and fosters that unity of purpose and spirit which is heart of a unit's power. Therefore, the key to effective leadership is the development of respect and mutual confidence.

Organization for unit training must assure the development of leadership and teamwork as well as the training of individuals. It must be so planned as to make use of all officers and non-commissioned officers for instruction of their subordinates. Training will thus develop the leadership, initiative, and judgement of all leaders and the respect and confidence of their subordinates.

The commander of every organization must analyze carefully the training mission or objective designated by a higher echelon to ascertain precisely what he is expected to accomplish. Each commander must analyze his own requirements and assure himself that the training objective he has designated can be attained if the time, facilities, and personnel are properly employed.

Training orders, general orders, training directives, and circulars are usually issued by higher headquarters. Training schedules, giving detailed instruction for the conduct of the training over a short period of time are issued by a commander of a company or similar unit, or prepared for his approval by the unit training officer.

A sense of individual pride and responsibility is essential to good discipline. Military discipline can be attained only by careful and systematic education and training. All types of training which develop positive qualities of pride, honor, loyalty, confidence, initiative and team work are essential. Short, varied exercises in group physical training are valuable. Competitive drills, exercises, and games help the growth of the group spirit. A soldier must be taught to realize that all of his acts reflect on the unit to which he belongs. He develops loyalty and respect through consideration and fairness, and through sharing dangers and hardships, as well as joys and successes.

Military courtesy and discipline are basic in military training. Military discipline is a cementing force which binds the members of a unit; which endures after the leader has fallen; which creates the desire to make and carry out decisions it is believed he would have made if present. It is the acceptance of the authority of a leader; it calls for action, cooperation of each unit member, and emphasizes his importance as an individual. While proper dress and smartness of appearance are outward appearances, true military discipline is the behavior of individuals or units when the leader is absent.

Courtesy is the expression of consideration for others. To be on the alert to express oneself in consideration of another is military courtesy. Only by constant consideration for others can one show the appreciation for their importance. A salute to the flag is a declaration of courtesy to the principles and ideals of which the flag is the material symbol; a soldier presenting arms at retreat or saluting a senior, are demonstrations of recognition of organized authority of the nation. The most important of all military courtesies is the salute; because it is the most obvious and the most used. The salute serves a twofold purpose; it is an act of recognition, and an indication of respect.

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The expressions of military courtesies are distinctive and precise. Their prompt and smart observance is an indication that intelligent leadership has been present; that intelligent application has been made. A well disciplined and courteous soldier is a well trained soldier. He may be depended upon to know his job and a real leader knows that the more readily an individual adapts himself to and applies the common civil courtesies to his military training, the easier it is for that individual to learn true military discipline and become a soldier. Such application develops the real worth of a man.

MEDICAL COMPANY SUPPLY:

The source of unit supply for items of clothing is the quartermaster. Organization commanders are responsible that the authorized allowance of clothing is issued to personnel of their commands; that the clothing is marked as required, and it is used and cared for, and records kept of it, as prescribed by regulations. Organization commanders are responsible for the proper fit of the clothing of their commands. These duties may be, and often are, delegated to a subordinate to include noncommissioned officer grades. These men should be properly trained in clothing sizes. It is especially important that enlisted men's socks and shoes are of correct size. A well fitted, neat appearing unit stimulates the morale of each individual soldier. "The well dressed soldier" commands respect wherever he may go.

The duty of properly fitting the men of an organization parallels the necessity, for properly training the organization. The rewards for a commander's undivided attention in properly clothing his unit is compensated for in the morale of his men and the prestige created for the organization. When a soldier is improperly fitted, it is usually due to carelessness of the supply personnel or improper supervision of the unit commander, particularly when supplies are available. Misfits in clothing uproot morale, and give a soldier reasons for improvising items of uniform, thereby creating an untidy appearance.

THE MEDICAL COMPANY MESS:

Nothing contributes more to the morale of an organization than a well managed, efficiently operated and attractive mess. For, unlike the supply of a soldier which is a one-day job at irregular intervals, the mess operation is a "three-a-day" every day activity. Mess management needs only the application of fundamental principles and a daily check on the operations.

Mess Officer. While the operation of a company mess is the company commander's responsibility, it is usually delegated to a junior officer, who is known as the "mess officer," for management and supervision. He inspects the mess sergeant, the kitchen, the mess hall, and the stores daily. The preparation of food is checked at least once daily, or as often as is required. A mess may be damaged if the food is not properly prepared. For food to be considered well prepared and well served, it must retain its good taste and appearance. His principal assistant is the mess sergeant, who is one of the most important men of any organization, because he sees that the mess is well organized and runs smoothly.

The mess sergeant has personal charge of everything that goes on in the mess. He has charge of purchasing and drawing of rations; supervises the preparation and serving of the food; is responsible for all kitchen equipment and its sanitation; for the cleanliness of all personnel, whom he inspects daily, and is in charge of the training of the cooks. "On the job" training should be a continuous program, but every available man should be sent to a Bakers and Cooks School to maintain a reserve of trained personnel. Sanitation is a mess problem of paramount importance, which requires the attention of a well trained detail.

RECREATIONAL PROGRAM:

While the proper mental attitude of full military appreciation may be well developed in an organization, and the organization may be well trained, equipped and messed; without a well-planned, progressive and continuous recreational program, all the desired effect may be lost from a morale standpoint. Organized athletics--organizational, intra-mural, civic--are often a part of the training schedule--and this is recreation which teaches teamwork and leadership; still, it lacks the social contact the physically fit and mentally active American youth craves. It is true, voluntary athletics should be encouraged at all times, and the physical training forms a part of this program; nevertheless, the social contact part of the recreational program arrangement cannot be overemphasized for

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off duty relaxation; because of vigorous recreational program affects the absences from duty, and provides the "right" social contacts. This type of recreational planning, due to local social conditions frequently taxes the ingenuity of the Commanding Officer, the Special Service Officer, the Information and Education Officer and the Chaplain, all of whom possess accomplishment. Pay day is the "great day" of the month for any soldier, but he must be provided with an opportunity to relax in his own way.

With the cooperation of local social agencies--such as the YWCA, the USO, the American Red Cross, all Church organizations, dances, parties, picnics, musicales, etc., may be arranged with comparative ease, and at organizational training convenience. For every leader well knows his primary duty is to train his men to be soldiers, but during the training periods, he can have his Special Services Officer effecting the social recreational program routine. Consequently it may well be said that a recreational program is fundamental to organizational planning and training.

Medical Field Service School Extension Course. EXTRACT

PROFESSIONAL SERVICES

MEDICAL EVACUATION AND THE GAIN IN ILLNESS

By

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The fact that illness often represents a gain for the individual seems paradoxical since disease is generally considered as a disaster or at least a painful, crippling episode. The pain, discomfort, restriction of activity, and possible danger to life has always made man fearful of disease and its consequences. To obtain security from this threat there have been steady strides in the prevention and treatment of all types of disease. However, doctors of medicine are quite aware that illness is often utilized by the individual as an honorable escape from disagreeable tasks or onerous obligations. In the psychiatric field hysterical patients develop such syndromes as extremity paralysis, blindness, and deafness which mimic bodily disease and are the result of an unconscious attempt by the individual to solve an emotional conflict by the compromise of disease.

Man, in common with the other animal species, obeys the biological principle of avoiding pain and displeasure while striving for gratification and pleasure. Pleasure is used here as a general term to include personal security, shelter, food, satisfaction of sexual needs, and the gratification of ambition and achievement. Displeasure comprises physical danger and pain, thirst, hunger and frustration in career and work. It is important to note that while all human beings follow the pleasure-pain principle, in many instances pleasure and displeasure become relative matters depending upon the individual and the culture in which he is raised. The Chinese soldier does not experience as much displeasure as the American soldier in withstanding the deprivation of food, shelter, and the discomforts of the field. Some Americans cannot even tolerate separation from their wives or mothers and experience so much displeasure that they become literally sick and ineffective.

At this point is pertinent to examine the American culture and note the role that illness plays. Generally our children and adolescents are carefully protected against physical harm, pain, and discomfort. Their aggressiveness is curtailed because it may lead to injury or harm to others. Yet we also teach and stress courage, initiative and aggressiveness, particularly in career and ambition. To put this more simply, our culture overly protects the young while at the same time exhorting him ideologically to be aggressive, bold, and ambitious. The result is that frequently the adolescent male is relatively helpless and fearful when faced with physical hazards but in his day dream fantasies he is an all-conquering hero, similar to what is portrayed on the screen and in the comic books. This type of adjustment is adequate for the adolescent but as an adult and more specifically as a combat soldier he has to perform hazardous duty, withstand severe physical discomfort, and be aggressive enough to destroy the enemy. For many of our combat soldiers this change or adjustment is difficult and in some cases impossible.

To this problem of the adjustment of the combat soldier illness and injury comes as an honorable compromise which brings back the childhood protection and care and yet relieves him of the obligation which is demanded of him as an adult and a combat soldier. The advantages of illness do

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not come as a surprise to the soldier. In childhood he could not have failed to note the increase in love and affection from his environment that regularly accompanied episodes of illness. He knew that illness was the major cause for being excused from school or other daily and sometimes disagreeable obligations. In peacetime and in garrison duty, illness again was the only method of being excused from strenuous or disagreeable tasks. The sick call line is large when a long march is ordered but melts away when holiday leaves are being granted.

The combat situation with its stresses and hazards crystallizes the pleasure-pain principle. It is not unnatural for the combat soldier to watch with envy the evacuation of his lightly wounded or injured buddy. The term, "million dollar wound" has become part of his vocabulary. Literally he is stating that a non-serious wound is worth a million dollars to the individual. The euphoria of the wounded soldier is a common observation. It extends to the even more seriously wounded who have been relieved of pain. It is not surprising or unnatural for the combat soldier to have wishes in this direction, conscious or unconscious, which affect his motivation in connection with the seeking of medical evacuation for disease or injury. This is directly reflected in the phenomena of SIW, (self-inflicted wounds), and other careless accidents which increase with the hazards of combat. It is also demonstrated in the large number of broken spectacles and dentures which cause at least a temporary removal from battle. More numerous than the foregoing are other non-battle casualties who are evacuated from the combat situation. Many of these cases have mild medical and surgical conditions or no objective findings but only subjective complaints.

The combat psychiatric casualty breaks down and admits that he cannot stand the continuous stress of battle. The mild non-battle casualty has a similar difficulty but tries to avoid an internal conflict with his own conscience by placing the cause of his inability to perform to physical factors which are not his responsibility and beyond his ability to control.

Once an illness or injury, regardless of cause or severity, has removed the individual from battle the gain incident to such removal becomes a factor which often acts to prevent a return to combat duty. His gain in illness becomes more fixed dependent upon the distance and length of time he is away from the combat area. The current rapid, efficient air evacuation is a splendid and commendable advance in field medicine, but for the mild medical and surgical case the gain in illness mechanism is increased. It becomes more difficult to return such patients to duty and the individual is lost to his unit for an amount of time disproportionate to the severity of his condition.

In the hospital it is common to find patients clinging desperately to symptomatology in an effort to keep the gain which has resulted from the disease or injury. Complaints of headache, backache, weakness, painful joints and scars are frequent and are resistant to treatment. Such patients often are resentful. They claim nothing is being done for them and indignantly deny that they are trying to avoid duty, but rather stress that their pain or discomfort makes it impossible for them to keep up or perform strenuous physical exertion. Such statements as, "Cure my back and I'll be glad to go up there", or "I'm no good to them if I can't keep up", are common. Physiological and psychological explanations are usually wasted as the individual usually insists that he has his pain and "doesn't" imagine it

What should be the role of the medical officer in handling this drive to escape a difficult situation via medical channels. If the medical officer stationed in battalion or regiment yields to subjective complaints or non-disabling conditions and evacuates such individuals he only creates loose medical discipline and a large number of soldiers are stimulated to try the medical escape route. The medical officer is also affected by the situation. If he endures combat hardship it is human to identify with the soldier, actually feel with him, his dilemma, and be subconsciously influenced to accept subjective complaints as valid criteria for evacuation. In a rear position or hospital the medical officer often feels guilty when returning individuals to a more dangerous environment than he fortunately does not have to endure. Medical officers often try to solve their own dilemma by restoring to rationalizations, sometimes quite true, that they cannot hold patients and study their cases thoroughly, that he does not have laboratory and other diagnostic facilities to disprove the patient's complaints, and that the next hospital has more time and facilities. In so doing the medical evacuation is either initiated or continued and with each hospital being crowded the patient is moved along with a consequent increase in the gain in illness as he is efficiently moved further to the rear. In the rear hospital in Japan the medical officer has to contend with the gain in illness strengthened by time and distance. The soldier cured of his flesh wound, mild fracture, minimum frostbite, diarrhea, or febrile episode begins to develop symptoms with the healing of

PROFESSIONAL SERVICES

his disease or injury. It is also influenced by further possible gain as he watches the seriously ill and injury cases being sent to the ZI.

There is no easy answer to this problem which is so deeply rooted in basic biological demands. It is particularly difficult for the medical officer because his training conditions him to sympathize with suffering and to be persistent in the removal of the symptoms of his patients. The medical doctor likes to have satisfied and grateful patients, to be personally like and complimented. Yet to perpetuate and be influenced by the gain in illness is to do poor medicine, to stimulate others to avoid their obligations and to be ineffective in the mission of the Army Medical Service which has for its purpose the conservation of the fighting strength of the Armed Forces.

The only effective and reasonable solution for the medical officer in this difficult matter is to be a medical doctor and to rely on his specialized medical knowledge. He cannot let himself be influenced by his emotional feeling of who should or should not be sent to combat duty. The medical officer is not an expert on justice, military strategy, or geopolitics. He is a soldier equipped with a specialized technical skill to do the job for which he is assigned. Regardless of where the medical officer is stationed his function is clear and unequivocal. Patients must be reasonably examined and evaluated. If the individual is disabled for duty and requires further treatment not possible at the particular time or level in which he is operating then medical evacuation is indicated. But if the soldier has no objective findings and only subjective complaints he is not disabled and must be promptly and firmly returned to his unit. Acrimonious disputes with the patient and long explanations are of little value. Becoming angry at the patient or tearful with him does not help anyone. The soldier should not be told to "try it again and see your battalion surgeon if you have any trouble", because this implies doubt on the part of the medical officer and confirms patient belief that his symptoms are valid. In most instances the medical officer can trust his clinical judgment. Unnecessary and elaborate diagnostic surveys serve only the purpose of allaying the anxiety of the doctor when he tries to disprove all of the patient's symptoms. If there is a reasonable doubt in the mind of the medical officer diagnostic procedures are indicated and valid, but this should be a clinical impression and not stem from the emotional insecurity of the medical officer. It is only by the use of a fair, reasonable and objective clinical approach that the medical officer can best perform his role in what is admittedly a difficult time for all. The unwillingness of a soldier to return to combat duty is quite understandable but this is not a professional matter for the doctor to enforce and properly falls under the function of Command. It is pertinent to reiterate that the medical officer is not actually the arbiter of the fate or destiny of the soldier. He is only a technical expert whose function is the evaluation, management, and treatment of disabilities resulting from mental and physical disease or injury.

(The above article is from Surgeon's Circular Letter, MED. SEC. GHQ, FEC. Vol. VI, No. 1, 1 Jan 1951)

ARMY ANNOUNCES EARLY SUCCESSES WITH NEW INTRAMEDULLARY PIN

An improved technique in the Army's treatment of femur fractures has been tried out for several weeks in Tokyo Army Hospital "with uniformly satisfactory results over this short period" according to Major General R. W. Bliss, Army Surgeon General.

The new intramedullary pin eliminates the need of a cast. When inserted through the end of a fractured femur into and along most of the length of the marrow cavity, the patient can bear weight on his leg almost immediately after fracture reduction. Present Army practice, however, requires him to rest for at least two weeks. By using crutches, the patient is then able to exercise and even do light work. When the fracture has healed, an incision is made at the upper end of the femur, and the pin is then withdrawn.

The new bone pin promotes faster growth of new bone tissue, permits earlier fixation of the bone, and avoids joint stiffness and muscular atrophy associated with immobilization of the leg in a cast. The patient's ability to walk early and care for himself early in convalescence is a potent morale factor, and represents a great gain to the Army in terms of medical manpower and hospital space.

This work was preceded by a joint development and clinical testing program at the research level. Participating were various Army and civilian doctors who coordinated their findings through the subcommittee of orthopedic surgery of the National Research Council.

(The above article is from D/A, SGO, Technical Information Office, Washington 25, D. C.)

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PREVENTIVE MEDICINE

GENERAL COMMENT

The health of the command continued to be excellent.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and Class II installations exclusive of Walter Reed Army Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army Medical Service installations do not include Air Force personnel. (See General Data and Admissions Tables on page 13).

The non-effective rate* increased from the January rate of 15.50 to 16.94 for the month of February. Days lost as a result of disease and injury totaled 12,452 during the four week period ending 23 February 1950.

*Non-Effective Rate -- $\frac{\text{Total Days lost} \times 1,000}{\text{No. of Days} \times \text{Average Daily Strength}}$
in Period

Non-effective rates indicate the average number of patients in hospital or quarters per thousand mean strength during the report period.

The total admission rate** for disease and injury in February was 579.0, compared to 588.9 during January. Total admission for disease and injury in December was 1166. Of this number, 1070 admissions were for disease and 96 injuries. Fort Myer reported the highest admission rate, and Fort McNair reported the lowest rate during the current month.

**Admission Rates -- $\frac{1,000 \times 365 \times \text{Number of Cases}}{\text{Mean Strength} \times \text{No. of Days in Period}}$

Admission rates show the number of cases per thousand strength that would occur during a year if cases occurred throughout the year at the same rate as in the report period.

February's rate for disease cases is 531.3 for 1070 cases. Fort Myer reported the highest admission rate, and Fort McNair reported the lowest rate for disease cases.

An injury admission rate of 47.6 per 1,000 per annum for February was reported. This was a decrease from the January rate of 64.1. Fort Myer reported the highest rate and US Army Dispensary, The Pentagon reported the lowest rate for injuries.

There were no deaths reported during the four week period ending 23 February 1951, by units within the Military District of Washington less Walter Reed Army Hospital.

COMMUNICABLE DISEASE

Common respiratory diseases decreased in incidence during the month of February, 1951. The rate for the present month is 168.3 compared to the January rate of 225.8. Fort Myer reported the highest rate, and Fort McNair reported the lowest rate. Admission rates for pneumonia (all types) decreased during the February report period. The rate being 6.4 compared with the January rate of 8.5. There were no cases of scarlet fever reported throughout the month of February.

No appreciable change was noted in the rate for mumps, tuberculosis, rheumatic fever, diarrheal disease, and hepatitis during the four week period ending 23 February 1951.

Pertinent statistical tables may be found on pages 14 and 18.

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PREVENTIVE MEDICINE

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GENERAL DATA
4-Week Period Ending 23 February 1951
(Data from WD AGO Form 8-122)

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ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
4-Week Period Ending 23 February 1951
(Data from WD AGO Form 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Mumps	Hepatitis	Mal-aria	Psychi-atric Disease
Fort Belvoir, Va.	93.89	4.90	2.45	.82	36.74	-	2.45	1.63	-	11.43	-	-	5.72
Fort McNair, Wash, D. C.	79.72	-	-	-	-	-	-	-	13.29	-	-	-	-
Fort Myer, Va.	442.32	16.75	6.70	16.75	6.70	-	-	-	-	3.35	-	-	-
US Army Disp. Pentagon	202.42	6.98	6.98	-	-	-	-	-	-	-	-	-	6.98
All Others	217.51	-	-	-	7.77	-	-	-	-	-	-	-	-
Total-Military District of Washington	168.34	6.46	3.48	2.98	23.84	-	1.49	.99	.50	7.45	-	-	4.50
AMC-Med Det (Duty Pers)	43.1	-	-	-	-	-	-	-	-	-	-	-	-

* * * * *

TO THE RESCUE: Living conditions would soon become utterly intolerable if it were not for the sanitary engineer who uses scientific means for combating the nuisances created by modern methods of living.

--Dr. Thurman B. Rice

* * * * *

Every action done in company ought to be with some sign of respect to those that are present. -- George Washington

* * * * *

Behind an able man there are always other able men. -- Chinese Proverb

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PREVENTIVE MEDICINE

VENEREAL DISEASE

Venereal Disease rate among units within the Military District of Washington, increased during the February report period.

The rate for February 1951, was 18.87 an increase from the January rate of 13.52. A total of 38 cases were reported for the four week period ending 23 February 1951. Of this total 34 were reported by Fort Belvoir, 3 for Fort Myer, and 1 for All Others.

During the report period, white personnel incurred 11 of the reported number of cases, with a rate of 5.93 and 27 were incurred by negro personnel, with a resulting rate of 171.43 per 1000 troops per annum.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (February) in addition to the rate per 1000 per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 16, 17 and 18.

NEW VENEREAL DISEASE CASES - EXCL EPTS - DECEMBER 1950, JANUARY AND FEBRUARY 1951

STATION	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
	DECEMBER 50	JANUARY 51	FEBRUARY 51	FEBRUARY 51
Fort Belvoir	19.92	20.70	27.76	2.129
Fort McNair	-	-	-	-
Fort Myer	5.59	3.16	10.05	.771
US Army Dispensary, Pentagon	-	-	-	-
All Others	6.51	7.83	7.77	.595
Total - Military District of Washington Units	12.71	13.52	18.87	1.447
Army Medical Center - Medical and Holding Detachments	-	4.49	4.56	.350
Total - Dept/Army Units Mil Dist of Washington	11.29	12.62	17.47	1.339
	*	*	*	

.. That which we call character is a reserved force which acts directly by presence, and without means. It is conceived of as a certain undemonstrable force, a familiar or genius, by whose impulses the man is guided, but whose counsels he cannot impart. -- R. W. Emerson

* * *

In nothing do men approach the gods more closely than in the bringing of health to mankind.

-- Cicero

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY
MDW RATE PER 1000 TROOPS PER YEAR

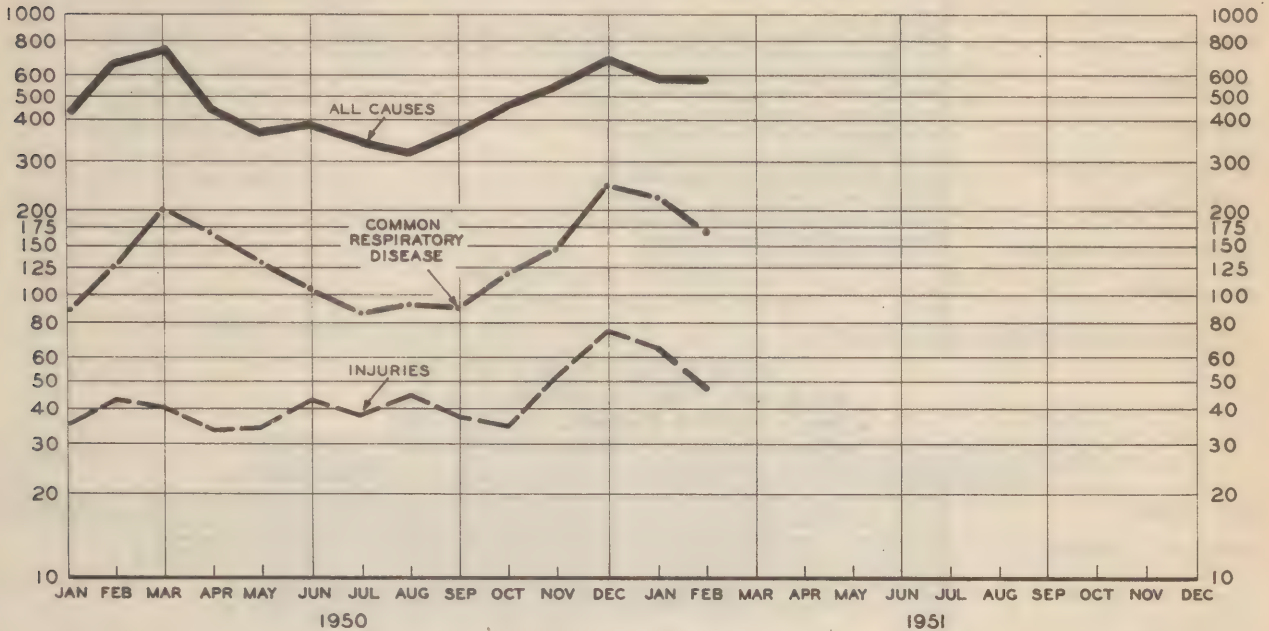
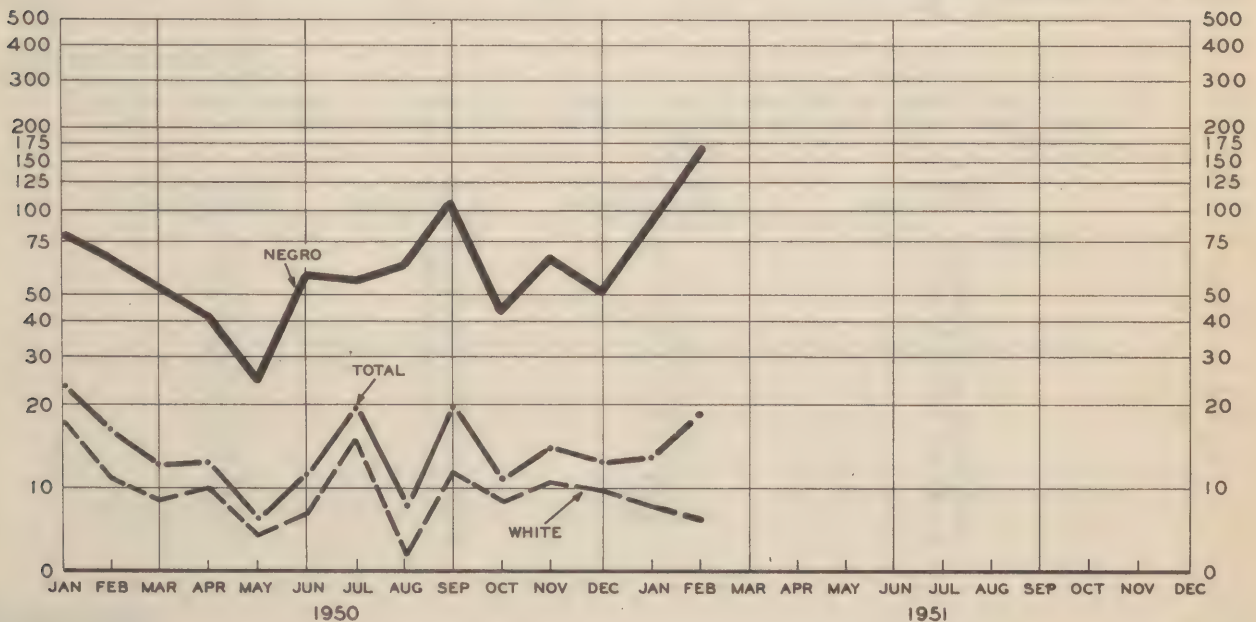


CHART 2

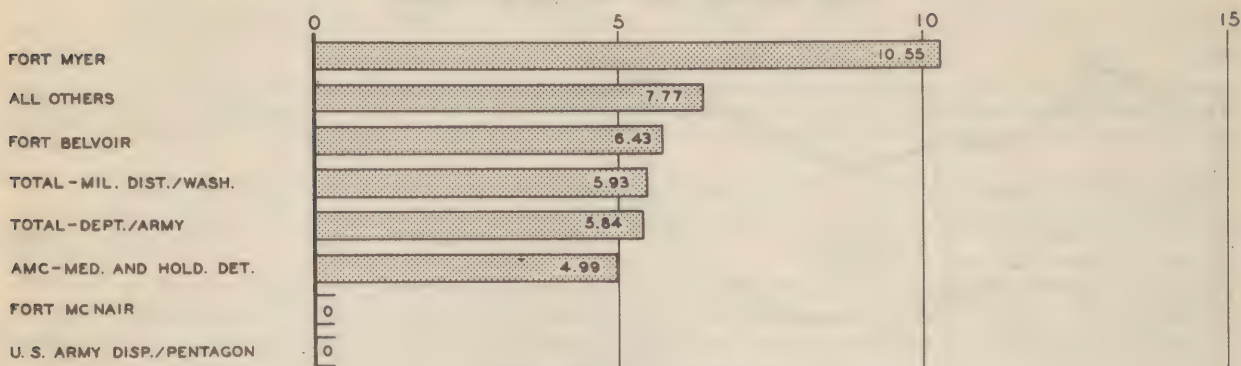
ADMISSION RATES BY MONTH VENEREAL DISEASES MDW NOT INCL. ARMY MEDICAL CENTER
RATES PER 1000 TROOPS PER YEAR
INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



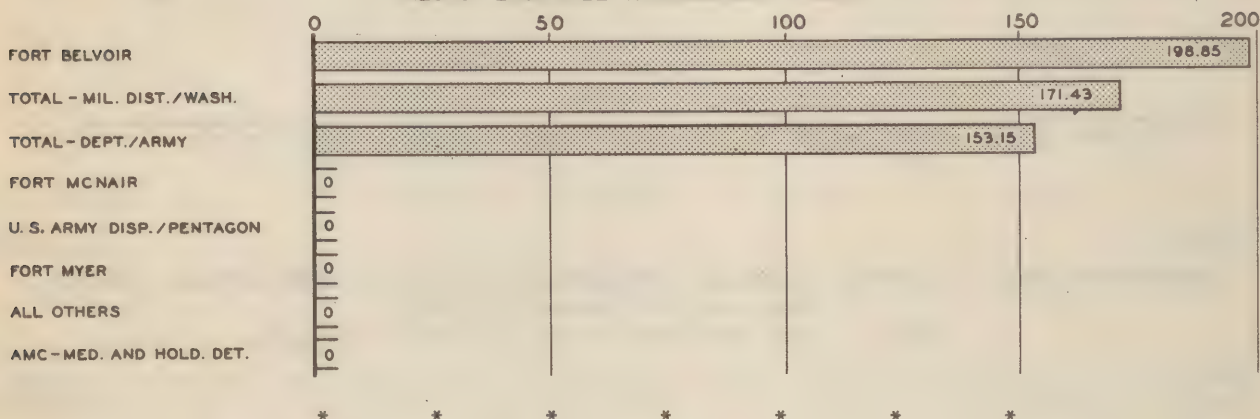
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PREVENTIVE MEDICINE

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 23 FEB 1951 WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 23 FEB 1951 NEGRO PERSONNEL (CHARGEABLE CASES)



The following WD AGO Forms in the "8-" series are obsolete and existing stocks will be salvaged. These obsolete forms have been replaced by the indicated Standard Forms in the 500 series, use of which is mandatory as of 1 January 1951:

OBSOLETE WD AGO FORMS	REPLACED BY STANDARD FORMS	OBSOLETE WD AGO FORMS	REPLACED BY STANDARD FORMS
8-36	504 & 505	8-66	514
8-37	506	8-67	514b
8-38	507	8-68	514d
8-39	501 & 502	8-69	514c
8-40	513	8-70	514h
8-43	521	8-71	514a
8-51	509	8-73	514e
8-57	511	8-74	514f
8-58	512	8-75	514g
8-61	520	8-77	514i
8-62	519	8-78	514l
8-63	519a	8-79	514l
8-80	5141	8-84	517
8-81	514m	8-85	516
8-82	515	8-225	508 & 510

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PREVENTIVE MEDICINE

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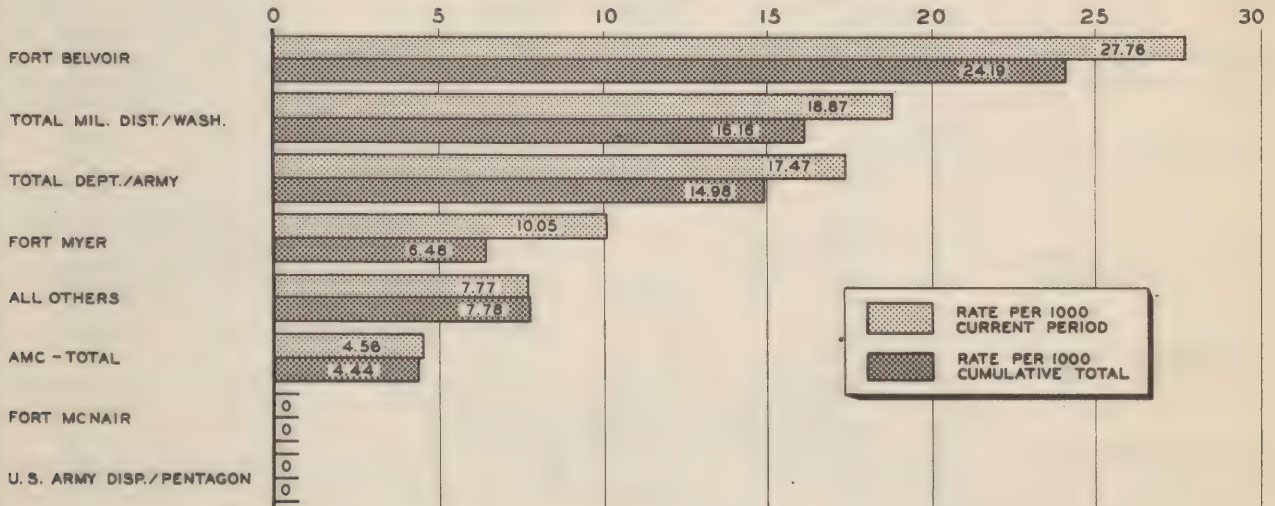
VENEREAL DISEASE RATES FOR US*

(All Army Troops)

	DECEMBER 1950	JANUARY 1951	FEBRUARY 1951
First Army Area	15	19	11
Second Army Area	20	28	20
Military District of Washington	11	13	17
Third Army Area	21	36	22
Fourth Army Area	25	30	20
Fifth Army Area	8	14	11
Sixth Army Area	17	22	20
TOTAL United States	18	25	18

*Compiled in the Office of the Surgeon General and includes U. S. Army Hospitals.

VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTALS ENDING 23 FEBRUARY 1951 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



An adult is one who has ceased to grow vertically but not horizontally.

Author unidentified.

A single conversation across the table with a wise man is better than ten years' study of books. -- H. W. Longfellow

Sleep not when others speak, sit not when others stand, speak not when you should hold your peace, walk not on when others stop. -- George Washington

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RESTRICTED**PREVENTIVE MEDICINE**

CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT
For the Four Week Period Ending 23 February 1951
 (Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rates per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	14195	1	6	0	7	6.43	0
	N	1770	1	25	1	27	198.84	37
	T	15965	2	31	1	34	27.76	37
Fort McNair	W	914	0	0	0	0	-	0
	N	67	0	0	0	0	-	0
	T	981	0	0	0	0	-	0
Fort Myer	W	3708	0	3	0	3	10.55	0
	N	182	0	0	0	0	-	0
	T	3890	0	3	0	3	10.05	0
US Army Dispensary The Pentagon	W	3702	0	0	0	0	-	0
	N	33	0	0	0	0	-	0
	T	3735	0	0	0	0	-	0
All Others	W	1677	0	1	0	1	7.77	0
	N	1	0	0	0	0	-	0
	T	1678	0	1	0	1	7.77	0
Total-Military District of Washington	W	24196	1	10	0	11	5.93	0
	N	2053	1	25	1	27	171.43	37
	T	26249	2	35	1	38	18.87	37
Army Medical Center	W	2611	1	0	0	1	4.99	0
	N	245	0	0	0	0	-	0
	T	2856	1	0	0	1	4.56	0
Total-Dept/Army Units	W	26807	2	10	0	12	5.84	0
	N	2298	1	25	1	27	153.15	37
	T	29105	3	35	1	39	17.47	37

* * *

EXPOSED X-RAY FILMS

The following major discrepancies have been noted in recent shipments of X-ray films from Army installations to the Veterans Administration Records Center:

Shipments are improperly addressed.

X-rays are folded or damaged.

X-rays are improperly packed which leads to damage of the film in transit.

Other material is stapled to the vital part of the film which prevents proper interpretation of the film.

Films are improperly identified, especially the omission of the individual's service number from the X-ray envelope or negative preserver.

To assure that X-ray films are properly received at the Veterans Administration Records Center, and to prevent further recurrence of the discrepancies as noted in paragraph 2 immediate instructions will be given to all personnel responsible for the forwarding of the X-ray films to the Veterans Administration Records Center. It is emphasized that the X-ray envelope or negative preserver must indicate the individual's service number for proper identification of the film.

Related regulations on the identification of X-ray films are paragraph 49, AR 40-115, and paragraph 12f, SR 615-180-1. (See D/A Circular 15, 1 March 1951)

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DENTAL SERVICE

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DENTAL SERVICE - FOUR WEEK PERIOD ENDING 23 FEBRUARY 1951

STATION	Military		Civilian		Sit- tings	Amal- gam	Oxy and Amal	Silic- ate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Ex- trac- tions	Calcu- lus Removed	X- Rays	Exam- ina- tions
	Men	Duty Days	Men	Duty Days									Full	Par- tail	Re- pair				
Fort Belvoir	18	384	1	18	3524	28	933	212	4	1	18	8	23	25	23	768	160	1562	1041
Fort McNair	1	28	0	0	297	55	46	12	0	2	0	0	0	1	1	18	24	226	126
Fort Myer, Va.	4	82	1	18	1058	343	147	70	0	0	1	0	2	18	6	78	21	703	225
US Army, Disp. The Pentagon	6	134	0	0	2292	402	126	116	3	4	10	9	13	19	18	139	252	761	554
All Others	2	55	0	0	443	135	57	35	1	0	1	0	1	8	5	112	31	118	264
Total - MDW	31	683	2	36	7614	963	1309	445	8	7	30	17	39	71	53	1115	488	3370	2210

VETERINARY SERVICE

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED FEBRUARY 1951 (Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Leslie J. McNair		78,198	105,835		195,073		65,026	444,132
Fort Belvoir, Virginia		810,358	233,926		1,078,019	129,145	426,215	2,677,663
Alexandria Field Buying Off.		534,131	152,373	640,403			110,326	1,437,233
Fort Meyer, Virginia		140,524	151,660		297,638	12,191	148,319	750,332
Cameron Station, Alex. Va.		192,902	139,033	2,916	363,954	5,827	101,078	805,710
Mil Dist/Washington Vet Det.	439,928							439,928
Army Medical Center		218,359	130,503		348,862	12,704		710,428
The Pentagon						299,899		299,899
TOTAL	439,928	1,974,472	913,330	643,319	2,283,546	459,766	850,964	7,565,325

REJECTIONS:

Not type, class or grade								
Mil Dist/Wash Vet Det.	22,962							22,962
Alex. Field Buying Off.		3,024						3,024
Insanitary or Unsound								
Cameron Station			53					53
TOTAL	22,962	3,024	53					26,039

OUTPATIENT SERVICE

OUTPATIENT SERVICE

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed Army Hospital, are indicated below for the four - week period ending 23 February 1951:

ARMY:

Number of Outpatients 6024
Number of Treatments 23853

NON-ARMY:

Number of Outpatients 7624
Number of Treatments 22622

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED 2368
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED 9521

HOSPITAL MESS ADMINISTRATION

HOSPITAL MESS ADMINISTRATION

STATION	NOVEMBER 1950	DECEMBER 1950	JANUARY 1951	FEBRUARY 1951
Fort Belvoir				
Income per Ration	\$1.1432	\$1.18	\$1.18	\$1.22
Expense per Ration	.9105	1.08	1.02	1.15
Gain or Loss	+.2327	+.10	+.16	+.07

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CIVILIAN EMPLOYEES HEALTH SERVICE PROGRAM

Occupational Dermatitis, A Hazard To Industrial Workers

By

W. Schweisheimer, M.D.

"The incidence of occupational dermatitis in our country has never been so great as at the present time, and the need for adequate prevention and control has never been more important." Such is the conclusion that was presented in a report by the Committee on Occupational Dermatoses and the American Medical Association. New industries and new materials have produced this increase.

Skin trouble produced by cutting oils, cutting compounds and lubricants are frequent and unpleasant. Cutting oils are essential in lubricating moving parts, keeping the cutting edges cool and preventing rust. The lesions of cutting oils are usually on the exposed parts, the extensor surfaces of hands and forearms and on thighs and knees which are in contact with soiled clothes. Fine metal particles in used oil may scratch the skin, laying the foundation for both inflammation and infection.

Dr. Whitwell, in England, stated that chronic oil skin troubles mostly affect men who are dark in complexion and have much body hair. The rash is most commonly seen after wearing oil-soaked clothes. It may start after only two weeks' exposure. Cutting oils, according to Louis Schwartz, are divided into two large groups, soluble and insoluble. Soluble cutting oils are diluted with many times as much water (1:100) and allowed to flow over the cutting operations. They consist of sulfonated mineral and fatty oils, 60 to 95 percent; soap 5 to 30 percent, and volatile contents, 0 to 10 percent. Dermatitis is rare among workers using soluble cutting oils. Insoluble oils are used mainly as lubricants. They consist principally of 55 to 100 percent of mineral oil, 0 to 30 percent fatty oil, 0 to 10 percent sulfur, and 0 to 7 percent chlorine in the form of chlorinated hydrocarbons.

According to the Journal of the American Medical Association, sedimentation and filtration are used in many plants to remove the chips and pasteurization to kill the bacteria. In plants where pasteurization systems are not installed, antiseptics can be used in order to destroy the bacteria in soluble cutting oils. Rashes due to such infections were cut down in several Connecticut plants by changing the cutting oil used on the machines every month. Dr. James H. Biram thinks that possibly the use of the machine in some way changes the heavy cutting oil and encourages the growth of the rash-causing organism. Dr. C. L. Weirich sees a decrease in the health hazard provided the cutting emulsions are sterilized. Pasteurization may be used, but the use of disinfectants seems to have a more lasting value.

Protective ointments are often the only available means of protecting the skin. They may be divided into six classes, according to Louis Schwartz:

1. The simple vanishing cream type, which fills the pores with soap and facilitates the removal of soil when washing after work.
2. The type which leaves a thin film of a resin or wax on the skin and thus prevents the irritant from touching the skin. This class of protectives (ointments, emulsions, solutions) is sometimes called the "invisible glove" type; the films are water-soluble or water-insoluble.
3. There are protective ointments which cover the skin and fill the pores with a harmless fat to repel water-soluble irritants and prevent harmful petroleum from entering the pores. They consist mainly of lanolin and sufficient castor oil to make the lanolin spreadable. A small amount of perfume masks the disagreeable odor of lanolin and castor oil.
4. Other protective ointments on the market are those which contain a non-irritant chemical intended to detoxify the industrial irritant.
5. There are ointments which cause inert powders to adhere to the skin, forming a protective covering against skin irritants.
6. Protective applications can now be used against photo-sensitizing substances which contain such physical light screens as menthyl salicylate, aesculin, quinine, anthranilates, and tannates.

Schwartz states that most of the protective creams, emulsions and lotions on the market are combinations of these six types of protective ointments.

(The above article is from Nursing World, Volume 124, No. 6, June 1950, Pages 282 to 283)

COMMUNICABLE DISEASES

TO PREVENT DISEASES SPREAD
THROUGH FOOD AND WATER --

DO THIS

- If you have to use water which you are not ABSOLUTELY SURE is safe, do one of these things:
 - Boil it for 10 minutes
 - Add 2 to 4 halazone tablets to a canteen filled with water and allow it to stand for one-half hour
 - Sterilize in lyster bag adding sufficient sodium hypochlorite to give a canary yellow color when tested with orthotolidine after 30 minutes
- KEEP THINGS CLEAN! Destroy flies and their breeding places by all means at your disposal
- Get your typhoid shots in the designated time intervals
- In the field sterilize your eating utensils in BOILING WATER both before using and after each meal
- In the field if you can't get to a latrine or slit trench when "nature" calls dig a cat hole and cover your deposits
- In the field when using a slit trench cover your deposits
- Wash your hands before each meal
- Wash your hands after each visit to the latrine
- Wash all fruits and vegetables before cooking or eating
- Wash the surface of canned goods before opening the cans

DON'T DO THIS

- DON'T drink water ANYWHERE except from army approved sources unless you purify it
- DON'T ice your drinks unless you know the water used in making the ice was taken from an army approved source
- DON'T EAT NATIVE FOODS. Uncooked or poorly cooked native dishes will almost always contain disease germs or worm eggs
- DON'T cook spoiled foods

COMMON DISEASES CARRIED IN FOOD AND
WATER INCLUDE --

- Dysentery
- Cholera
- Typhoid
- Intestinal Worms
- Snail Fever (Schistosomiasis)

RESTRICTED

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